

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	Lewis Deans	COURT CASE NUMBER	3:05-CV-00283 TMB
DEFENDANT	Jerry Sjolander	TYPE OF PROCESS	<b>RECEIVED</b>
<b>SERVE</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Jerry Sjolander		
<b>AT</b>	City, State and ZIP Code		
SEND NOTICE OF SERVICE COPY TO RE		DEC 28 2006	
Lewis Deans 205 E. Dimond Blvd. #712 Anchorage, AK 99515		CLERK U.S. DISTRICT COURT ANCHORAGE, ALASKA	
		Number of process to be served with this Form - 285	1
		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Lewis Deans*
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

907-344-5151

DATE

10/26

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 6	District to Serve No. 6	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 12/26/06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time	am
12/18/06		
		pm

Signature of U.S. Marshal or Deputy

Service Fee \$8	Total Mileage Charges (including endeavors) 5.00	Forwarding Fee	Total Charges \$13.00	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

sent out certified - RR  
 Returned 12-26-06

AO 440 (Rev. 8/01) Summons in a Civil Action

## UNITED STATES DISTRICT COURT

ORIGINAL

District of

Lewis Deans

## SUMMONS IN A CIVIL ACTION

V.

Cindy Anderson  
Sharon Shumacher  
Jerry Sjolander  
Jim Aronson  
Julie Neal  
Krista Shunk  
Debra Wilson  
Art Arnold  
Cheryl Gurette

CASE NUMBER: 3:05-CV-00283 TMB

TO: (Name and address of Defendant)

Jerry Sjolander

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Lewis Deans  
209 E Dimond Blvd #112  
Anchorage, AK 99515

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

IDA HOMAGE

CLERK

Sharon M. Tucker  
(D.) DEPUTY CLERK

DATE

November 2, 2006

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

JUNEAU AK 99801

Postage	\$ 1.11	0535
Certified Fee	\$2.40	07
Return Receipt Fee (Endorsement Required)	\$1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	13
<b>Total Postage &amp; Fees</b>	<b>\$5.36</b>	12/13/2006

Sent To Terry Sjolander

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

7001 2510 0002 1407 6529

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><u>Terry Sjolander</u></p>	<p>A. Signature <u>X</u> <b>DEC 18 2006</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Recipient's Printed Name <u>Department of Alaska</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <u>DEC 18 2006</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2510 0002 1407 6529</p> <p>Domestic Return Receipt</p>	

102595-01-M-2509

**U.S. Department of Justice**  
**United States Marshals Service**  
**District of Alaska**  
 222 West 7th Avenue, #18  
 Anchorage, AK 99513-7368  
 Official Business  
 Penalty for Private Use \$300

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <b>X</b> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt	

7001 2510 0002 1407 6529

*Jerry Siolander*



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